MEMORÍ AL NURSI NG HOME 205 PARKER STREET

BOSCOBEL 53805 Phone: (608) 375-4112 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Yes Number of Beds Set Up and Staffed (12/31/01): 68 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/01): 76 Title 19 (Medicaid) Certified? Yes Average Daily Census: 56 Number of Residents on 12/31/01: **59** *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	5. 1	Under 65	5. 1	More Than 4 Years	23. 7
Day Services	No	Mental Illness (Org./Psy)	39. 0	65 - 74	11. 9		
Respite Care	Yes	Mental Illness (Other)	11. 9	75 - 84	18.6		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49. 2	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 7	95 & 0ver	15. 3	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 7	ĺ	Í	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	5. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 2	65 & 0ver	94. 9		
Transportation	No	Cerebrovascul ar	6. 8	[`]		RNs	10. 4
Referral Service	No	Di abetes	1. 7	Sex	% j	LPNs	9. 0
Other Services	No	Respi ratory	1. 7		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 3	Male	22. 0	Aides, & Orderlies	35. 7
Mentally Ill	No			Female	78. 0		
Provi de Day Programming for			100.0	İ	j		
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	4	100.0	223	41	87. 2	100	0	0.0	0	8	100.0	118	0	0.0	0	0	0.0	0	53	89. 8
Intermedi ate				4	8. 5	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	6.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				2	4. 3	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		47	100.0		0	0.0		8	100.0		0	0.0		0	0.0		59	100. 0

MEMORIAL NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti c	ons, Services	, and Activities as of 12/	31/01
Deaths During Reporting Period		`					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	9. 3	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	14. 7	Bathi ng	3. 4		50. 8	45. 8	59
Other Nursing Homes	1. 3	Dressing	22. 0		47. 5	30. 5	59
Acute Care Hospitals	69. 3	Transferring	35. 6		37. 3	27. 1	59
Psych. HospMR/DD Facilities	4. 0	Toilet Use	27. 1		30. 5	42. 4	59
Reȟabilitation Hospitals	0.0	Eating	57. 6		27. 1	15. 3	59
Other Locations	1.3	***************	*******	******	*********	*********	*****
Total Number of Admissions	75	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	3. 4	Receiving l	Respi ratory Care	0. 0
Private Home/No Home Health	14. 5	Occ/Freq. Incontinent		54. 2		Tracheostomy Care	0. 0
Private Home/With Home Health	39. 5	Occ/Freq. Incontinent	of Bowel	40. 7	Receiving S	Sucti oni ng Č	0. 0
Other Nursing Homes	2.6	i [*]			Receiving (Ostomy Care	0. 0
Acute Care Hospitals	6. 6	Mobility			Recei vi ng	Tube Feeding	3. 4
Psych. HospMR/DD Facilities	1.3	Physically Restrained	l	10. 2	Recei vi ng 1	Mechanically Altered Diets	27. 1
Reĥabilitation Hospitals	0.0				· ·	v	
Other Locations	1.3	Skin Care			Other Residen	nt Characteristics	
Deaths	34. 2	With Pressure Sores		8. 5	Have Advance	ce Directives	84. 7
Total Number of Discharges		With Rashes		6.8	Medi cati ons		
(Including Deaths)	76	ĺ			Recei vi ng l	Psychoactive Drugs	67. 8
		•			O	ř 8	

Other Hospital-Thi s Facility Based Facilities Facilties % % % Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 72.7 88. 1 0.83 84.6 0.86 Current Residents from In-County 69. 5 83.9 0.83 77.0 0.90 Admissions from In-County, Still Residing 21.3 14.8 1.44 20.8 1.03 Admissions/Average Daily Census 133. 9 202.6 0.66 128. 9 1.04 Discharges/Average Daily Census 135. 7 203. 2 0.67 130.0 1.04 Discharges To Private Residence/Average Daily Census 73. 2 106. 2 0.69 52. 8 1.39 Residents Receiving Skilled Care 89.8 92. 9 0.97 85.3 1.05 Residents Aged 65 and Older 94.9 91. 2 1.04 87. 5 1.08 Title 19 (Medicaid) Funded Residents 79.7 66. 3 1. 20 68. 7 1.16 Private Pay Funded Residents 13.6 22. 9 0.59 22. 0 0.62 Developmentally Disabled Residents 5. 1 1.6 3. 25 7. 6 0.67 Mentally Ill Residents 50.8 31.3 1.62 33.8 1.50 General Medical Service Residents 15.3 20.4 0.75 19. 4 0.79 Impaired ADL (Mean)* 49. 9 49.3 51. 5 1.03 1.05 53. 6 Psychological Problems 51.9 1.31 67.8 1. 26 Nursing Care Required (Mean)* 5. 7 7. 9 0.72 7.3 0.78